

# BREASTFEEDING CLINIC

SUPPORT • REASSURANCE • INFORMATION • EDUCATION • PASSION

## Weaning

- Weaning means “to become accustomed to something different”.<sup>1</sup>
- Weaning from the breast is a natural, inevitable stage in a child’s development.
- It is a complex process involving nutritional, immunological, biochemical and psychological adjustments.<sup>2</sup>
- Weaning may mean the complete cessation of breastfeeding (“abrupt” or final weaning) or the beginning of a gradual process of the introduction of complementary foods to the baby’s diet.<sup>3</sup>
  
- Ideally the breastfeeding relationship will continue until the baby outgrows the need.<sup>4</sup>
- Sometimes mothers are ready to wean before their babies are ready. Western society teaches us (incorrectly) that the only way a baby can gain independence is by being weaned and the only way mothers can “get their lives back” is by weaning their babies.
- Throughout history, culture and society have influenced the natural process of weaning.
- Today, early weaning and failure to breastfeed are mainly products of social pressure and lack of knowledge and support.
  
- The World Health Organization in the Global strategy for infant and young child feeding states: “As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.”<sup>5</sup>
- Children who carry on breastfeeding beyond the age of two years tend not to feed anywhere near as often or for as long as babies do.
- Young children may breastfeed once or twice a day or more frequently. Some may breastfeed only if they are hurt or upset.
- As children grow, breastfeeding becomes less of an activity, something increasingly fleeting that just happens, like a hug, rather than a mother having to make the time for it to take place.
- Mothers may need special support to overcome competing pressures on her, whether from the workplace or family, as the child gets older. A discussion with an IBCLC can help her identify what might work in her situation.
- Refrain from calling breastfeeding beyond the baby years “extended” breastfeeding. To normalize breastfeeding rather call it “full-term” breastfeeding.
  
- There is no specific age at which breastfeeding is no longer important. Breastfeeding continues to provide closeness to the mother, protection from illness and good nutrition.
- Breastfeeding can be soothing to a child who is in pain or upset.

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<sup>1</sup>Weaning from the breast. Paediatr Child Health. 2004;9(4):249-263. doi:10.1093/pch/9.4.249

<sup>2</sup>Weaning from the breast. Paediatr Child Health. 2004;9(4):249-263. doi:10.1093/pch/9.4.249

<sup>3</sup>Weaning from the breast. Paediatr Child Health. 2004;9(4):249-263. doi:10.1093/pch/9.4.249

<sup>4</sup>La Leche League philosophy

<sup>5</sup>World Health Organization, Unicef Global strategy for infant and young child feeding (2003). <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>

- Often the child will be able to breastfeed when they are not interested in eating other foods. This helps the child to get fluids as well as helping to avoid weight loss during illness.
- Human milk is a critical source of energy and nutrients during illness and reduces mortality among children who are malnourished.<sup>6</sup>
- It reduces the risk of a number of acute and chronic diseases in early childhood and has long-term benefits for cardio-vascular health.<sup>7</sup>
- Human milk does not lose its nutritional value. Mother's milk is an important source of energy and nutrients, providing half or more of a child's energy needs in children 6 to 12 months of age.
- Breast milk continues to provide substantial amounts of key nutrients well beyond the first year of life, especially protein, fat, and most vitamins. There was a significant increase in the concentration of total protein, lactoferrin, lysozyme, Immunoglobulin A, oligosaccharides and sodium in longitudinal samples of mother's milk between 11 and 17 months postpartum, while zinc and calcium concentrations declined, and no changes were observed in lactose, fat, iron and potassium.<sup>8</sup>

### **Planned (mother-led) or natural (baby-led) weaning**

- Weaning may be either planned (mother-led) or natural (baby-led).
- **Natural weaning** (led by baby) occurs as the baby begins to accept increasing amounts and types of complementary feedings while still breastfeeding on demand.
- When natural weaning is practiced, complete weaning usually takes place between two and four years of age.<sup>9</sup>
- Kathy Dettwyler says the natural length of breastfeeding is between two and a half and seven years<sup>10</sup>.
- Anthropological theories have recommended final weaning at the following points: when the baby acquires four times their birth weight; when the baby's age is six times the length of gestation (i.e., 4.5 years); or when the first molar erupts.<sup>11</sup>
- In western cultures, there remains a relative intolerance to this type of weaning and many mothers who breastfeed older babies and children become "closet feeders".<sup>12</sup>
- **Planned weaning** (mother-led weaning) occurs when the mother decides to wean without receiving cues from the baby that baby is ready to stop breastfeeding.
- Some reasons commonly given for planned weaning include the following: not enough milk or concerns about the baby's growth, painful feedings or mastitis, returning to work, a new pregnancy, wanting the partner or another care-giver to be able to administer feedings, or the baby's teeth beginning to erupt.
- These situations may result in premature complete weaning despite the mother's original intent to continue breastfeeding.
- The longer a baby breastfeeds, the more beneficial it will be for baby, the mother, the family, society and planet earth.
- For the human baby, breastfeeding supplies comfort and emotional support.
  - The need for comfort sucking may last for several years as witnessed by the use of bottles, dummies, and thumbs by many toddlers and pre-schoolers.
  - The optimal approach to weaning matches the needs and requirements of a given child with the functions and capacities of their body.

<sup>6</sup>Brown KH et al. Effects of common illnesses on infants' energy intake from breast milk and other foods during longitudinal community-based studies in Huascar (Lima) Peru. *American Journal of Clinical Nutrition*, 1990, 52:1005–1013

<sup>7</sup>World Health Organization Evidence of long-term effects of breastfeeding: systematic reviews and meta-analyses. Geneva, 2007

<sup>8</sup>Perrin MT, et al. "A longitudinal study of human milk composition in the second year postpartum: implications for human milk banking." *Matern Child Nutr.* 2016/2017

<sup>9</sup>Sugarman J, Kendall-Tackett K. Weaning ages and a sample of American women who practice extended breastfeeding. *Clin Pediatr (Phila)* 1995;34:642–7

<sup>10</sup><https://www.aims.org.uk/journal/item/full-term-breastfeeding>

<sup>11</sup>Piovanetti Y. Breastfeeding beyond 12 months. *Pediatr Clin North Am.* 2001;48:199–206

<sup>12</sup>Dewey K. Nutrition, growth and complementary feeding of the breastfed infant. *Pediatr Clin North Am.* 2001;48:87–104

- The decision of when to wean needs to be based on the needs of the mother and baby, not on the expectations of others (grandmother or friends advising the mother on the subject).
  - Breastfeeding is such an intimate experience that it should be mother AND baby who decide when this time should come to an end.
  - A mother should be quite sure when she decides to stop and not feel any regret later.
  - As mentioned, children between two to seven years of age often gradually wean themselves<sup>13</sup>. A child stops breastfeeding when they are ready as a natural part of their development.
- During the weaning process the composition of human milk adjusts to meet the needs of the growing child so that, although the volume is decreasing, an appropriate level of nutrients remain present and immunological protection is not compromised.

### **Guidelines for stopping breastfeeding**

- Guidelines for stopping breastfeeding:
  - Before deciding to wean, first determine: Can a sustainable, nutritionally adequate and safe diet without human milk be provided to the baby?
  - Weaning is best done "gradually, with love" for both the mother's and baby's sake.
  - A child stops breastfeeding when they are ready as a natural part of their development.
  - A child should not be stopped suddenly from breastfeeding, as this can cause distress to the child and the mother, sore breasts for the mother, as well as removing a source of food from the child.
  - Allow the child to decrease the number of feeds gradually, and be sure he or she gets plenty of other foods each day as well as continued attention from the mother.
  - Gradual weaning allows time for the child to become used to having their emotional and physical needs met in other ways and allows the mother's body to adjust to producing less and less milk.
  - Stopping breastfeeding (including mothers living with HIV) can be done gradually over a one-month period at least.
  - Gradually reduce one breastfeed every few days, starting with daytime feeds.

### **Breastfeeding considerations for the Child**

- Breastfeeding considerations for the Child: Breastfeeding provides:
  - Closeness, connection and comfort;
  - Soothing during challenging times;
  - Constant during changes in developmental;
  - Nutrition;
  - Allergy protection;
  - Proper jaw development/teeth alignment.

### **Considerations for the Parent**

- Considerations for the Parent: Breastfeeding provides:
  - Closeness and connection;
  - Slowing down (even briefly);
  - Long-term health impacts.

### **Partial weaning**

- Partial weaning would be cutting out some breastfeeds, and allows time for the mother to decide later whether to continue with weaning or return to full breastfeeding. Mothers who cannot express milk at work might choose this option.
- Note: for a baby over 6 months there is no need to wean the baby onto a bottle, parents can consider weaning the baby onto a straw cup and definitely no need for weaning a child onto a bottle after a year.

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<sup>13</sup>Weaning from the breast. Paediatr Child Health. 2004;9(4):249-263. doi:10.1093/pch/9.4.249

Breastfeeding at night, weaning onto bottle for day feeds			
Day	09h00 / 10h00	12h00 / 14h00	15h00 / 18h00
Day 1	Bottle	Breast	Breast
Day 2	Bottle	Breast	Breast
Day 3	Bottle	Breast	Breast
Day 4	Bottle	Breast	Bottle
Day 5	Bottle	Breast	Bottle
Day 6	Bottle	Breast	Bottle
Day 7	Bottle	Bottle	Bottle
Day 8	Bottle	Bottle	Bottle
Day 9	Bottle	Bottle	Bottle

- An option is to replace one breastfeed every three days, expressing just for comfort.

### Abrupt or sudden weaning

- If abrupt or sudden **weaning** cannot be avoided, the mother will need to:
  - Wear a firm, not tight fitting bra 24 hours a day for at least 1 week.
  - Do not wear a bra with an underwire.
  - Put ice packs (not directly on breasts! wrap it in a towel) or cool cloths on breasts, or use cold, green, uncooked cabbage leaves or raw slices potatoes soaked in water or jasmine flowers.
  - Shower with the warm water on back, not breasts.
  - Take mild pain meds for comfort.
  - Do not use manual expression or pumping to completely drain breasts. Removing just enough milk from each breast to relieve pressure (this is not necessarily enough to cause breasts to keep producing milk).
  - No need to limit the amount of liquids ingested.
  - Call doctor if running a fever, feels like she has the flu, or has any red, warm-to-the-touch areas on her breasts.
  - Give baby extra attention and physical affection.

### Note about abrupt weaning

Note about abrupt weaning:

- Occasionally, there is a need for abrupt or emergency weaning, such as in the case of a prolonged unplanned separation of the mother and baby (and the mother has no means or desire to express), or severe maternal illness.
- Many mothers are inappropriately advised to wean when they are placed on medication.
- There are very few medications that are contraindicated during breastfeeding. These include antimetabolites, therapeutic doses of radiopharmaceuticals and most drugs of abuse. Other drugs must be considered individually. The benefits of continued breastfeeding needs to be weighed against the risks of exposure of the baby to the drug as it appears in the milk.
- Abrupt weaning may leave a baby feeling as though the mother has withdrawn her love as well as her breast.
- The sudden shift in hormones may cause the mother to become depressed, especially if the mother is ambivalent about weaning or if she is prone to depression.
- The mother may also risk developing mastitis or a breast abscess.
- If abrupt weaning is essential for any reason, measures should be taken to relieve any breast engorgement and to keep a careful watch for complications.
- If abrupt weaning takes place with the help of drugs, mothers need to be sure to ask the prescribing doctor about side effects.
- Abrupt cessation of breastfeeding should especially be avoided in the context of HIV as it is associated with elevations in HIV levels in human milk and with mastitis. Babies who have been

receiving ART prophylaxis should continue prophylaxis after breastfeeding has stopped in line with the Guidelines for PMTCT.<sup>14</sup>

## Gradual weaning Techniques

### ▪ Weaning Techniques

- **Don't offer, don't refuse:** Probably the most gentle active approach is "don't offer-don't refuse". This method involves not offering to feed but also not refusing the child's expressed desire to feed. Many mothers move into this naturally as their child gets older. It tends to take longer than other methods, so it's not one that's likely to bring a quick weaning if the mother is in a hurry. On the other hand, it's also the one that takes the child's needs into account the most.
- **Dropping one feed at a time:** If the mother chooses to take a more active approach, it's generally recommended that she works on eliminating one feed for 3-7 days (slower is always better, but avoid going faster than this) before dropping the next. Some mothers eliminate one feed a week. This allows her milk supply to decrease slowly, without fullness and discomfort.
- Choose the feed that is the least important one for the baby, then she can approach it in a couple of different ways. She can either offer a cup (or snack or distraction) instead of feeding, or begin shortening that particular feeding session. While she is eliminating this feed, she breastfeeds at the other times as usual.
- Once she has eliminated the one feed, and is comfortable (no fullness at all) then she can move on to the next one she wants to eliminate. Just approach it the same way, and remember to breastfeed as usual for the remaining feeds.
- Don't offer to feed for the feeding(s) that she has dropped – but if child is very insistent on needing to breastfeed, don't refuse. Be prepared to slow the pace if the child becomes fussy or clingy, gets ill, or seems to be teething. Naptime, bedtime, and first-thing-in-the-morning feeds are usually the last to go. Take time with these (or even keep some or all of them), especially if mom enjoys a bedtime snuggle as much as her baby does. It is very normal for a baby to drop all but one feeding – and hang on to that one for a few weeks or even months.
- **Distraction or substitution:** Try to anticipate when baby may want to feed and plan to distract baby or offer a substitution in place of breastfeeding. A favourite snack, a favourite pastime, a play-date with a friend, an outing, a walk outside, playtime outside, a favourite book, etc. can all be effective with this method. A mother is more likely to be successful with this plan if she can employ it BEFORE her child indicates a need to breastfeed.
- **Change in routine or schedule:** If the child typically wants to feed more when she is at home, try to be out and about more during the weaning process. If s/he seems to need to feed more when they are out and s/he is away from all that's familiar, try to stay close to home as much as possible while the child is weaning. If sitting down in a certain chair cues the child to feed, try to avoid doing that, or anything else that may remind the child of breastfeeding (some mothers have to try to avoid sitting down at all in front of their babies during the weaning process!) Wearing a shirt that is less accessible for breastfeeding also helps some.
- **Postponement:** When the child asks to feed, say "Not now, later." Sometimes later never come as the child gets busy with everything else. S/He also learns that s/he can wait a while.
- **Shortening feeding sessions:** Begin gradually lessening the amount of time per feeding that she allows her child to feed until that particular feeding is no longer present. For an older child, she might try feeding to the count of ten, or while she sings a song, etc.
- **Night Weaning:** Try not to tackle day and night feedings at the same time. Pick one (day or night) and work on it a while instead of trying to wean from both at once. Night-time feeding is often the last to go. Make a bedtime routine not centred around breastfeeding. A good book or two will eventually become more important than a long session at the breast. A child may agree to rest their head on the mother's breast instead of feeding. Talk to the child about what's going on. S/He may understand more than we think.

## What about the mother

- What about the mother?

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<sup>14</sup>NDOH. 2019. Guideline for the Prevention of Mother to Child transmission of Communicable infections (HIV, Hepatitis, Listeriosis, Malaria, Syphilis and TB)

- Most women find a need to adjust their diets to eliminate the calories that were supporting milk production to avoid gaining weight.
- Their breasts may sag at first and be soft but generally return to pre-pregnancy size after several menstrual cycles.
- If the mother was experiencing lactational amenorrhea, the reduction in feeding frequency will stimulate the return of fertility.
- Humans generally continue to produce milk for several weeks after complete weaning, with some women experiencing milk secretion for several months or more.

### **Is weaning going too fast**

- Is weaning going too fast for baby? Watch baby for signs of stress. Babies let the mother know if weaning is going too quickly. Some signs that may indicate that weaning is going too quickly:
  - A new or increased fear of separation;
  - Increased crying, whining, clinginess, or tantrums;
  - Sudden increase in night waking;
  - Biting when it has never occurred;
  - A new or increased attachment to a stuffed animal, toy, or blanket;
  - New thumb or pacifier sucking;
  - Stomach-ache, constipation, vomiting, refusal to eat;
  - New or increased withdrawal, being emotionally distant.
- Breastfeeding is more than just a choice of milk, and weaning is more than just ending access to human milk.
  - La Leche League encourages mothers to continue to breastfeed ideally until the baby outgrows the need.
  - Breastfeeding is a relationship between two human beings and, as in any relationship, there is give and take.